

County: La Crosse
ONALASKA CARE CENTER
1600 MAIN STREET

Facility ID: 6650

Page 1

ONALASKA 54650 Phone: (608) 783-4681

Operated from 1/1 To 12/31 Days of Operation: 366

Operate in Conjunction with Hospital? No

Number of Beds Set Up and Staffed (12/31/00): 103

Total Licensed Bed Capacity (12/31/00): 111

Number of Residents on 12/31/00: 95

Ownership:

Highest Level License:

Operate in Conjunction with CBRF? No

Title 18 (Medicare) Certified? Yes

Average Daily Census: 96

Nonprofit Church-Related

Skilled

| Services Provided to Non-Residents | | Age, Sex, and Primary Diagnosis of Residents (12/31/00) | | | | Length of Stay (12/31/00) | | % |
|--|-----|---|-------|------------|-------|---------------------------------|--|-------|
| Home Health Care | No | Primary Diagnosis | % | Age Groups | % | Less Than 1 Year | | 40.0 |
| Supp. Home Care-Personal Care | No | | | | | 1 - 4 Years | | 43.2 |
| Supp. Home Care-Household Services | No | Developmental Disabilities | 1.1 | Under 65 | 4.2 | More Than 4 Years | | 16.8 |
| Day Services | No | Mental Illness (Org./Psy) | 18.9 | 65 - 74 | 8.4 | | | ----- |
| Respite Care | No | Mental Illness (Other) | 4.2 | 75 - 84 | 34.7 | | | 100.0 |
| Adult Day Care | No | Alcohol & Other Drug Abuse | 0.0 | 85 - 94 | 47.4 | ***** | | |
| Adult Day Health Care | No | Para-, Quadra-, Hemiplegic | 1.1 | 95 & Over | 5.3 | Full-Time Equivalent | | |
| Congregate Meals | No | Cancer | 3.2 | | ----- | Nursing Staff per 100 Residents | | |
| Home Delivered Meals | Yes | Fractures | 7.4 | | 100.0 | (12/31/00) | | |
| Other Meals | No | Cardiovascular | 13.7 | 65 & Over | 95.8 | ----- | | |
| Transportation | No | Cerebrovascular | 8.4 | | ----- | RNs | | 14.7 |
| Referral Service | No | Diabetes | 3.2 | Sex | % | LPNs | | 7.1 |
| Other Services | No | Respiratory | 3.2 | | ----- | Nursing Assistants | | |
| Provide Day Programming for Mentally Ill | No | Other Medical Conditions | 35.8 | Male | 20.0 | Aides & Orderlies | | |
| Provide Day Programming for Developmentally Disabled | No | | 100.0 | Female | 80.0 | | | |
| | | | | | 100.0 | ----- | | |

Method of Reimbursement

| Level of Care | Medicare (Title 18) | | | Medicaid (Title 19) | | | Other | | | Private Pay | | | Managed Care | | | Percent Of All Residents | |
|----------------------|------------------------|-------|------------------|------------------------|-------|------------------|-------|-----|------------------|-------------|-------|------------------|--------------|-------|------------------|--------------------------------|--------|
| | No. | % | Per Diem Rate | No. | % | Per Diem Rate | No. | % | Per Diem Rate | No. | % | Per Diem Rate | No. | % | Per Diem Rate | | No. |
| Int. Skilled Care | 1 | 12.5 | \$150.00 | 4 | 6.6 | \$116.35 | 0 | 0.0 | \$0.00 | 1 | 4.3 | \$155.00 | 1 | 33.3 | \$116.35 | 7 | 7.4% |
| Skilled Care | 7 | 87.5 | \$150.00 | 54 | 88.5 | \$98.90 | 0 | 0.0 | \$0.00 | 20 | 87.0 | \$145.00 | 2 | 66.7 | \$98.90 | 83 | 87.4% |
| Intermediate | --- | --- | --- | 3 | 4.9 | \$81.45 | 0 | 0.0 | \$0.00 | 2 | 8.7 | \$140.00 | 0 | 0.0 | \$0.00 | 5 | 5.3% |
| Limited Care | --- | --- | --- | 0 | 0.0 | \$0.00 | 0 | 0.0 | \$0.00 | 0 | 0.0 | \$0.00 | 0 | 0.0 | \$0.00 | 0 | 0.0% |
| Personal Care | --- | --- | --- | 0 | 0.0 | \$0.00 | 0 | 0.0 | \$0.00 | 0 | 0.0 | \$0.00 | 0 | 0.0 | \$0.00 | 0 | 0.0% |
| Residential Care | --- | --- | --- | 0 | 0.0 | \$0.00 | 0 | 0.0 | \$0.00 | 0 | 0.0 | \$0.00 | 0 | 0.0 | \$0.00 | 0 | 0.0% |
| Dev. Disabled | --- | --- | --- | 0 | 0.0 | \$0.00 | 0 | 0.0 | \$0.00 | 0 | 0.0 | \$0.00 | 0 | 0.0 | \$0.00 | 0 | 0.0% |
| Traumatic Brain Inj. | 0 | 0.0 | \$0.00 | 0 | 0.0 | \$0.00 | 0 | 0.0 | \$0.00 | 0 | 0.0 | \$0.00 | 0 | 0.0 | \$0.00 | 0 | 0.0% |
| Ventilator-Dependent | 0 | 0.0 | \$0.00 | 0 | 0.0 | \$0.00 | 0 | 0.0 | \$0.00 | 0 | 0.0 | \$0.00 | 0 | 0.0 | \$0.00 | 0 | 0.0% |
| Total | 8 | 100.0 | | 61 | 100.0 | | 0 | 0.0 | | 23 | 100.0 | | 3 | 100.0 | | 95 | 100.0% |

| Admissions, Discharges, and Deaths During Reporting Period | | Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/00 | | | | |
|---|------|--|-------------|----------------------------|--------------------------------------|---------------------------------|
| | | | | % Needing Assistance of | % Totally Dependent | Total Number of Residents |
| Percent Admissions from | | Activities of | % | One Or Two Staff | | |
| Private Home/No Home Health | 8.3 | Daily Living (ADL) | Independent | | | |
| Private Home/With Home Health | 3.3 | Bathing | 4.2 | 50.5 | 45.3 | 95 |
| Other Nursing Homes | 15.7 | Dressing | 15.8 | 41.1 | 43.2 | 95 |
| Acute Care Hospitals | 71.9 | Transferring | 27.4 | 32.6 | 40.0 | 95 |
| Psych. Hosp. -MR/DD Facilities | 0.0 | Toilet Use | 22.1 | 35.8 | 42.1 | 95 |
| Rehabilitation Hospitals | 0.0 | Eating | 60.0 | 18.9 | 21.1 | 95 |
| Other Locations | 0.8 | ***** | | | | |
| Total Number of Admissions | 121 | Continence | | % | Special Treatments | % |
| Percent Discharges To: | | Indwelling Or External Catheter | | 6.3 | Receiving Respiratory Care | 3.2 |
| Private Home/No Home Health | 20.8 | Occ/Freq. Incontinent of Bladder | | 46.3 | Receiving Tracheostomy Care | 1.1 |
| Private Home/With Home Health | 20.0 | Occ/Freq. Incontinent of Bowel | | 22.1 | Receiving Suctioning | 1.1 |
| Other Nursing Homes | 2.5 | | | | Receiving Ostomy Care | 3.2 |
| Acute Care Hospitals | 8.3 | Mobility | | | Receiving Tube Feeding | 1.1 |
| Psych. Hosp. -MR/DD Facilities | 0.0 | Physically Restrained | | 3.2 | Receiving Mechanically Altered Diets | 35.8 |
| Rehabilitation Hospitals | 0.0 | | | | | |
| Other Locations | 7.5 | Skin Care | | | Other Resident Characteristics | |
| Deaths | 40.8 | With Pressure Sores | | 3.2 | Have Advance Directives | 73.7 |
| Total Number of Discharges | | With Rashes | | 2.1 | Medications | |
| (Including Deaths) | 120 | | | | Receiving Psychoactive Drugs | 51.6 |

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

| | Ownership: | | | Bed Size: | | Licensure: | | All | |
|--|---------------|------------|-------|-----------|-------|------------|-------|------------|-------|
| | This Facility | | | 100- 199 | | Skilled | | Facilities | |
| | % | Peer Group | Ratio | % | Ratio | % | Ratio | % | Ratio |
| Occupancy Rate: Average Daily Census/Licensed Beds | 86.5 | 87.8 | 0.99 | 83.6 | 1.03 | 84.1 | 1.03 | 84.5 | 1.02 |
| Current Residents from In-County | 92.6 | 82.6 | 1.12 | 86.1 | 1.08 | 83.5 | 1.11 | 77.5 | 1.20 |
| Admissions from In-County, Still Residing | 29.8 | 25.9 | 1.15 | 22.5 | 1.32 | 22.9 | 1.30 | 21.5 | 1.38 |
| Admissions/Average Daily Census | 126.0 | 116.8 | 1.08 | 144.6 | 0.87 | 134.3 | 0.94 | 124.3 | 1.01 |
| Discharges/Average Daily Census | 125.0 | 117.3 | 1.07 | 146.1 | 0.86 | 135.6 | 0.92 | 126.1 | 0.99 |
| Discharges To Private Residence/Average Daily Census | 51.0 | 43.9 | 1.16 | 56.1 | 0.91 | 53.6 | 0.95 | 49.9 | 1.02 |
| Residents Receiving Skilled Care | 94.7 | 91.3 | 1.04 | 91.5 | 1.03 | 90.1 | 1.05 | 83.3 | 1.14 |
| Residents Aged 65 and Older | 95.8 | 97.1 | 0.99 | 92.9 | 1.03 | 92.7 | 1.03 | 87.7 | 1.09 |
| Title 19 (Medicaid) Funded Residents | 64.2 | 56.2 | 1.14 | 63.9 | 1.00 | 63.5 | 1.01 | 69.0 | 0.93 |
| Private Pay Funded Residents | 24.2 | 37.5 | 0.64 | 24.5 | 0.99 | 27.0 | 0.90 | 22.6 | 1.07 |
| Developmentally Disabled Residents | 1.1 | 0.6 | 1.69 | 0.8 | 1.28 | 1.3 | 0.84 | 7.6 | 0.14 |
| Mentally Ill Residents | 23.2 | 36.3 | 0.64 | 36.0 | 0.64 | 37.3 | 0.62 | 33.3 | 0.69 |
| General Medical Service Residents | 35.8 | 21.1 | 1.70 | 21.1 | 1.70 | 19.2 | 1.86 | 18.4 | 1.94 |
| Impaired ADL (Mean) | 56.4 | 50.8 | 1.11 | 50.5 | 1.12 | 49.7 | 1.14 | 49.4 | 1.14 |
| Psychological Problems | 51.6 | 50.0 | 1.03 | 49.4 | 1.04 | 50.7 | 1.02 | 50.1 | 1.03 |
| Nursing Care Required (Mean) | 6.3 | 6.8 | 0.93 | 6.2 | 1.02 | 6.4 | 0.98 | 7.2 | 0.88 |